



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
April 2015

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Prairie Winds Home Health	Cut Bank	Establish a New Home Health Agency in Glacier County.	\$10,000	10/7/14	10/14	N	2/13/15	2/13/15				
Prairie Winds Home Health	Cut Bank	Establish a New Home Health Agency in Toole County.	\$10,000	10/7/14	10/14	N	2/13/15	2/13/15				
Serenity Home Health, LLP	White Sulphur Springs	Establish a Home Health Agency in Meagher County	\$0	11/18/14	12/14	N	5/18/15					
Glacier Care Center	Cut Bank	Propose to increase beds under 10/10	None reported	4/1/15	NR	N	N/A	N/A	N/A	N/A	4/30/15	N/A

LEGEND:

ASC Ambulatory Surgical Center
 CDU Chemical Dependency Unit
 CO County
 CR Comparative Review
 DEC Decision
 DISMISS Appeal dismissed
 FAC Facility
 HHA Home Health Agency

H Hospital
 IHS Indian Health Service
 LOI Letter of Intent
 LTC Long-Term Care
 MTH Month of Notice
 NH Nursing Home
 NR Non-Reviewable Project
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision
 REQ Request
 SNF Skilled Nursing Facility
 TBA To Be Announced
 TBI Traumatic Brain Injury
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
 N Disapproval or N Y Approval or Yes
 DATES Month/Day/Year

* First-year operating cost HHA, (may not be strictly comparable)
 Name of facility in **BOLD** indicates a new request for report month